S. No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8232

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 8

**1. PLACE OF DEATH**
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (CLAY TOWNSHIP)
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FAMILY HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (CLAY TOWNSHIP) 0370 0
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN F.
b. (Middle):
c. (Last): KAEDING

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 9 -1954

**5. SEX**: MALE 0
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: FEB. 13-1884
**9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMING
**10b. KIND OF BUSINESS OR INDUSTRY**: OWN FARM
**11. BIRTHPLACE** (City and State or Foreign Country): MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: JOHN KAEDING
**13b. MOTHER'S MAIDEN NAME**: CHARLOTTE(KLAAS) KAEDING ADELIA (WITTROCK)
**14. NAME OF HUSBAND OR WIFE**: KAEDING

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: MRS ADELIA KAEDING, BLAND, MO.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Artery Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Rhuematoid Arthritis

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3 - 8, 1954, *to* 3 - 9, 1954, *that I last saw the deceased alive on* 3 - 8, 1954, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Chas A Rhuin & Co M.D.
**23b. ADDRESS**: Gerald
**23c. DATE SIGNED**: 3-11-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 3-11-54
**24c. NAME OF CEMETERY OR CREMATORY**: BLAND UNION
**24d. LOCATION** (City, town, or county) (State): BLAND, MO.

**DATE REC'D BY LOCAL REG.**: March 16, 1954
**REGISTRAR'S SIGNATURE**: Mrs. Marvin Tappmeyer 473-0
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Sassman Funeral Service Bland Chester Sassman

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 23 1954

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Chester Dassmann

Licensed Embalmer No. 4178

P. O. Address Bland - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.